



**DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF SOLID WASTE MANAGEMENT
8th Floor, L & C Tower
401 Church Street
Nashville, TN 37243-1533**

GRANT APPLICATION FOR

RECYCLING EQUIPMENT USED OIL WASTE REDUCTION OTHER _____

Return Application to Above Address

Part I

APPLICANT INFORMATION:

Name of Agency/Organization:

Address:

E-Mail Address (**Required if available**):

Name and telephone number of person responsible for all grant activities (i.e. bidding, purchasing):

Name: _____

Telephone: _____

Fax Number: _____

E-Mail Address: _____
(Required if available)

FEIN#: _____

Type of Organization:

- County
- Municipality
- Solid Waste Authority
- Planning Region
- For-Profit Organization
 - Corporation
 - Proprietorship
 - Partnership
- Not-for-Profit Organization
- Other (please specify) _____

FOR NON PROFIT ORGANIZATIONS:

Chartered in Tennessee? Yes No

Date of Charter: _____

IRS Classification: _____

Attach a copy of approval letter for charter or 501(c)(3) exemption.

To the best of my knowledge and belief, all data in this application are true and correct. The document has been duly authorized by the governing body of the applicant.

Print or Type Name of Authorized Representative

Title

Signature

Date

Telephone:

E-Mail Address (required if available)